

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

15993

4046

FILED MAY 14 1953

318

PRIMARY REG. DIST. NO. 1003

Registrar's No.

BIRTH NO.

REG. DIST. NO.

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis				c. LENGTH OF STAY (In this place) CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2189			
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital				d. STREET ADDRESS (If rural, give location) 2905 Chouteau			
3. NAME OF DECEASED (Type or Print)		a. (First) Harry		b. (Middle) Matthews		c. (Last) Matthews	
4. DATE OF DEATH April 15 1953		5. SEX Male		6. COLOR OR RACE Col		7. MARRIED, NEVER MARRIED, DIVORCED, WIDOWED Married	
8. DATE OF BIRTH Apr. 10-1890		9. AGE (In years last birthday) 63		10. UNDER 1 YEAR Months Days		11. UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber				10b. KIND OF BUSINESS OR INDUSTRY Barber		11. BIRTHPLACE (State or foreign country) Ark.	
12. CITIZEN OF WHAT COUNTRY?							
13a. FATHER'S NAME Not Known		13b. MOTHER'S MAIDEN NAME Not Known		14. NAME OF HUSBAND OR WIFE Annie Mathews			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME Annie Mathews 722n. Vanderenter			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Cardiovascular Disease ANTECEDENT CAUSES DUE TO (b) Generalized Arteriosclerosis DUE TO (c) Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or conditions causing death. None			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>							
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., tear about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP). (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 443x			
22. I hereby certify that I attended the deceased from 2-18, 1953, to 4-15, 1953, that I last saw the deceased alive on 4-15, 1953, and that death occurred at 2:10p m., from the causes and on the date stated above.							
23a. SIGNATURE Carl S. Rollins (Degree or title) M. D.				23b. ADDRESS 2601 N Whittier St.		23c. DATE SIGNED 4-16-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Apr. 21-53		24c. NAME OF CEMETERY OR CREMATORY Oakdale Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.	
DATE REC'D BY LOCAL APR 18 1953		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE J. J. Stinson		ADDRESS 2769 Chouteau	

B. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 2648

P. O. Address 2769 Chouteau

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.